

FILED OCT 7 1952

STANDARD CERTIFICATE OF DEATH

State File No. 32591

231

| | | | | | | | |
|---|---------------------------|---|---------------------------------|---|---------------------------------|---|-----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 294 | | PRIMARY REG. DIST. NO. 3056 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | |
| a. COUNTY Randolph | | a. STATE Missouri | | b. COUNTY Randolph | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or town) Moberly | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) Rural | | 0880 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital | | | | d. STREET ADDRESS (If rural, give location) / | | | |
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | | | |
| a. (First) William | b. (Middle) M | c. (Last) Garrison | Date Sept. 26 | Month | Day | Year 1952 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Mch 15 1880 | 9. AGE (in years last birthday) 72 | IF UNDER 1 YEAR Months 24 | IF UNDER 24 HRS. Days 24 | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Texas | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME William Garrison | | 13b. MOTHER'S MAIDEN NAME Sallie Meadows | | 14. NAME OF HUSBAND OR WIFE Mattie E | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> | | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> | | 17. INFORMANT'S SIGNATURE OR NAME Mrs W. M. Garrison, Huntsville Mo | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Monocytic Leukemia</i> | | | | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | DUE TO (b) <i>Gastrointestinal Hemorrhage</i> | | | | 1 Day | |
| | | DUE TO (c) | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Regenerative anemia of hyp</i> | | | | ? | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 2042 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <i>Sept 10, 1952</i> , to <i>Sept 26, 1952</i> , that I last saw the deceased alive on <i>Sept 26, 1952</i> , and that death occurred at <i>7:50 P. M.</i> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <i>W. B. Lemay, Jr.</i> | | | | 23b. ADDRESS <i>Moberly, Mo.</i> | | 23c. DATE SIGNED <i>Sept 29 1952</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) | |
| <i>Burial</i> | | <i>9-28-52</i> | | <i>Oakland</i> | | <i>Moberly, Mo.</i> | |
| DATE REC'D BY LOCAL REG. <i>9/28/52</i> | | REGISTRAR'S SIGNATURE <i>Calichelean</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Mohar and Son</i> | | | |
| | | | | ADDRESS <i>Moberly Mo</i> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0880

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Proberly Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.